

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101588232

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/		
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
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15	/		/			
16	/		/			
17		2		/		
18		2		/		
19		2		/		
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50						
TOTAL IND.			4			
TOTAL DEP.			25			
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						